

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032932

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7908

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

2 wks.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Kirkwood

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

621 Ericson Place

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

William

Middle

J

Last

Stelpflug

4. DATE OF DEATH

Month

Day

Year

Aug. 12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/30/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

0

12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Pres. Sales Dept.

10b. KIND OF BUSINESS OR INDUSTRY

Hussman Ref. Inc.

11. BIRTHPLACE (City and state or country)

Pocahontas, Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Nickolas Stelpflug

13b. MOTHER'S MAIDEN NAME

Margaret Cruel

14. NAME OF HUSBAND OR WIFE

Emeline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Kirkwood, Mo.

Emeline Stelpflug 621 Ericson Place

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung

INTERVAL BETWEEN ONSET AND DEATH

6 mos.?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1946

to Aug. 12, 1962

and last saw him alive on

Aug. 11, 1962

Death occurred at

24

m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Deceased's file)

22b. ADDRESS

600 E. Union

22c. DATE SIGNED

8-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Aug. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bopp Chapel, Kirkwood, Missouri

25. DATE RECD. BY LOCAL REG.

AUG 13 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

3

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9

10

11

12 81-C

13

USE BLACK INK
OR
TYPEWRITER RIBBON

340 50 1205

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Francis J. [Signature]

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.